Library Services & Technology Act
2010 Grant Application

Library Services and Technology Act Grant
2010 General Application Instructions

Thank you for your interest in a 2010 LSTA grant! This page will provide you with general application guidelines to reference as you prepare your application for submission. **Line-by-line application instructions are available** in a PowerPoint file downloadable from the Grant Application page of the Indiana State Library website: http://www.in.gov/library/3732.htm.

Grant Guidelines

A set of specific grant guidelines is accessible for each LSTA grant opportunity through the Indiana State Library main LSTA webpage: http://www.in.gov/library/lsta.htm.

Review the guidelines in their entirety; they not only describe the grant opportunity but also provide the **application deadline**, **submission mailing address** and **instructions for any required application supplements**. Incomplete applications will not be reviewed.

Application Form

Text boxes will expand as you type but please **limit your answers to any one question to a maximum of one page.** We do expect you will need **at minimum one paragraph** to answer most questions.

If you are unsure how to answer an application question, **please call the LSTA Grant Consultant** for help at (**317) 234-6550**.

Timetable rows **may be added** by (1) right-clicking to the left of the row above which you wish to insert a new row and then (2) selecting *Insert Rows* from the menu that appears. Please contact the LSTA Grant Consultant for help at (317) 234-6550.

Project Budget

With your application form, you will submit a Project Budget. The Project Budget will inform Part VIII of the application form, the Project Budget Narrative. For this reason, you will want to craft your Project Budget before you finish the application form. The Project Budget worksheet is located on our Grant Application webpage: http://www.in.gov/library/3732.htm.

Application Supplements

Supplemental questions for digitization grant applications can be found in *Appendix A* of the digitization grant guidelines. Submit a document answering each question in *Appendix A* with your completed application form and project budget.

Application Submission

To apply, **you must mail or hand deliver** one signed original of the application form, a budget worksheet, and any required supplements to the address provided in your grant guidelines.

You must ALSO e-mail a copy of all application materials to LSTA Grant Consultant Jennifer Clifton at jclifton@library.in.gov. Please refer to your grant guidelines for more information. Faxed applications will **not** be accepted.

INDIANA STATE LIBRARY

LIBRARY SERVICES AND TECHNOLOGY ACT GRANT APPLICATION
State Form 53456 (R3 / 1-10)
INDIANA STATE LIBRARY

GENERAL INFORMATION

Grant Program *please mark with an X*	Digitization	Innovative Library Technology	Institutional Literacy	Technology

Project Title	
Organization	
Full Mailing Address	
Web Address	

Organization Director		E-mail	
Telephone Number	( )	Fax	( )
Project Director *contact for grant purposes*		E-mail	
Telephone Number	( )	Fax	( )
Fiscal Agent *responsible for fiscal reporting*		E-mail	
Telephone Number	( )	Fax	( )

Federal Congressional District(s)		County	
Estimated Number of People Served by Project During Grant Period		LSTA Amount Requested	
Source of this Number *US Census, library circulation records, etc.*		Total Cost of Project	

FEDERAL LIBRARY SERVICES AND TECHNOLOGY ACT (LSTA) PRIORITIES

☐ **Mark ONLY ONE with an X to indicate the PRIMARY purpose that best describes your project.**

	Expand services for learning and access to information and educational resources in a variety of formats, in all types of libraries, for individuals of all ages.
	Develop library services that provide all users access to information and educational resources in a variety of formats, in all types of libraries, for individuals of all ages.
	Provide electronic and other linkages between and among all types of libraries.
	Develop public and private partnerships with other agencies and community-based organizations.
	Target library services to individuals of diverse geographic, cultural, and socioeconomic backgrounds, with disabilities, and with limited functional literacy or information skills.
	Target library and information services to persons having difficulty using a library and to underserved urban and rural communities, including children from families with incomes below the poverty line.

INDIANA STATE LIBRARY LSTA GOALS

☐ **Mark ONLY ONE with an X to indicate the PRIMARY purpose that best describes your project.**

	Indiana libraries will provide up-to-date, reliable access to information by utilizing effective telecommunications, technology, and resources.
	Libraries will deliver new and improved programs that anticipate and meet Indiana's needs for library services.
	Indiana State Library will provide leadership and infrastructure for digital library initiatives.
	Libraries will strengthen public policy support for upgrading library services through improved communication, collaborations, and partnership efforts.
	Indiana State Library will provide resources and support to libraries which seek to serve special populations in the state.
	Indiana State Library will provide resources and support to libraries which seek to serve un-served or underserved populations.

PRIMARY PROJECT AUDIENCE

☐ **Mark next to AT LEAST ONE and NO MORE THAN THREE with an X to indicate your primary audience(s) for the project.**

	Pre-Schoolers (0-5)		*Seniors (65+)*		*Urban Populations*
	Children (6-12)		*People with Special Needs*		*Institutionalized Persons*
	Youth (13-17)		*Library Staff*		*Non- or Limited English Speakers*
	Adults (18-64)		*Rural Populations*		*Statewide Public*

PART I. PROJECT SUMMARY

Provide an abstract describing all project components in 150 words or less.

PART II. NEEDS STATEMENT

Describe the need or problem that generated this project and explain how you determined this need.

Identify the goal from the *Indiana State Library's Five-Year LSTA Plan* (posted at http://www.IN.gov/library/lsta.htm) that your project will address and explain how your project will address this goal.

PART III. OBJECTIVES, ACTIVITIES, & EVALUATION

OBJECTIVES

Describe the overall objectives of your project.

ACTIVITIES

Describe all project activities in detail.

Identify project staff and detail their individual roles in your proposed project.

PART IV. COMMUNICATION PLAN

Grantees are encouraged and expected to publicize the project through available and appropriate media outlets. How will you promote your project to your target audience?

How and when are you planning to share the results of your project beyond your local jurisdiction?

Is this project a model for replication? If so, please explain.

All funded grant projects are required to acknowledge the IMLS on all products.
For more information, go to http://www.imls.gov/recipients/communication.shtm.

PART V. EVALUATION PLAN

Outcomes Based Planning and Evaluation (OBPE) is the preferred evaluation method for your grant project.

Refer to http://www.shapingoutcomes.org/course for more information about Outcomes Based Planning and Evaluation (OBPE. If you are unfamiliar with the terms below, the site's Glossary of Terms is an excellent place to begin.

INPUTS

OUTPUTS

OUTCOMES

EVALUATION PLAN OVERVIEW

Describe how you will determine *whether* **the needs of your target group were met by your project. Then explain how you will** *measure the impact* **of the project on your target audience(s).**

EVALUATION INDICATORS

EVALUATION METHODS

PART VI. PROJECT TIMETABLE

Using as few or as many rows as you need, complete a timetable of activities for each aspect of your proposed project that describes *what* **will be done and indicates by** *whom* **and** *when* **it will be done.**

A row may be added to the table by right-clicking to the left of the row above which you wish to insert a new row and then selecting Insert Rows from the menu that appears.

PROJECT IMPLEMENTATION		
ACTIVITY	**WHO**	**WHEN** *(month and year or "ongoing")*

COMMUNICATION		
ACTIVITY	**WHO**	**WHEN** *(month and year or "ongoing")*

EVALUATION		

ACTIVITY	WHO	WHEN *(month and year or "ongoing")*

REPORTING		
ACTIVITY	WHO	WHEN *(month and year or "ongoing")*
ACTIVITY	WHO	WHEN
First Quarter Progress Report	Project Director	
Second Quarter Progress Report	Project Director	
Third Quarter Progress Report	Project Director	
Project Evaluation Progress Report	Project Director	
Financial Final Report	Project Director or Fiscal Agent	
Narrative Final Report	Project Director	

PART VII. CONTINUATION PLAN

Explain how activities or benefits from the project will continue after the LSTA funding period has ended or if the program will not be continued, explain why.

PART VIII. PROJECT BUDGET NARRATIVE

In narrative form by project budget category and funding source, describe your project budget items as listed in the Project Budget worksheet and briefly identify how they contribute to your proposed project. Be sure that each item for which you want LSTA funds is described in detail below. The Project Budget Narrative must match your Project Budget worksheet.

The Project Budget worksheet and guidelines on acceptable use of LSTA grant funds are available on our website: *http://www.IN.gov/library/lsta.htm*.

PERSONAL SERVICES

Describe budget items to be paid with LSTA funds.

Describe budget items to be paid through cost sharing (local cash or in-kind contributions).

SUPPLIES

Describe budget items to be paid with LSTA funds.

Describe budget items to be paid through cost sharing (local cash or in-kind contributions).

OTHER SERVICES & CHARGES

Describe budget items to be paid with LSTA funds.

Describe budget items to be paid through cost sharing (local cash or in-kind contributions).

CAPITAL OUTLAYS

Describe budget items to be paid with LSTA funds.

Describe budget items to be paid through cost sharing (local cash or in-kind contributions).

PART IX. ASSURANCES

The Institute of Museum & Library Services (IMLS) requires the Indiana State Library to obtain certification from its sub-grant applicants regarding federal debt status, debarment and suspension, non-discrimination, a drug-free workplace, and other applicable assurances. These requirements are incorporated in the Assurances Statement below. Review the Statement and sign the certification form. If you receive a grant, you must comply with these requirements.

By signing the application form, the authorizing official, on behalf of the applicant, assures and certifies that, should a sub-grant be awarded, it will comply with the statutes outlined and all related IMLS and ISL regulations. These assurances shall obligate the applicant for the period during which Federal financial assistance is extended. The applicant recognizes and agrees that any such assistance will be extended in reliance on the representations and agreements made in these assurances, and that the United States government has the right to seek judicial enforcement of these assurances, which are binding on the applicant, its successors, transferees, and assignees, and on the authorized official whose signature appears on the application form.

Certifications Required of All Applicants
1. Financial, Administrative, and Legal Accountability;
2. Debarment and Suspension;
3. Non-Discrimination;
4. Drug-Free Workplace Act of 1988; and
5. Lobbying

Certification of Authorizing Officials
I have examined this application, and I hereby certify on behalf of the applicant organization that:
1. The information provided is true and correct;
2. All requirements for a complete LSTA Grant application have been fulfilled;
3. The applicant will comply with all applicable payment, accounting, and reporting requirements; and
4. The applicant will comply with applicable certifications regarding Items 1-5 listed above under Certifications Required of All Applicants.

We, the undersigned, hereby certify that should this organization receive a sub-grant, the organization and its leaders will comply with all LSTA regulations, all statues outlined, requirements as defined by the Indiana State Library (*Managing Your LSTA Grant*), and all applicable Federal statues and regulations.

Name of Organization	Project Title	Submission Date
Title of Principal Officer	Signature of Principal Officer	Signature Date

STATE LIBRARY USE ONLY						
Project Number		Approved		Not Approved		Amount Awarded

Library Type	Public	School	Academic	Special	Multi-Type	SLAA	Institutional